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## Introduction and Methods for Literature Review

NIATx has identified nine pathways for significantly improving access to and retention in addiction treatment. They include outreach, first contact, intake and assessment, levels of care, paperwork, scheduling, therapeutic engagement, social support system and maximizing revenue sources. At a meeting of experts in these areas from inside and outside the addiction treatment field, a number of practices were identified and prioritized that held promise for improving these pathways. A study is needed to explore that research and document what it has to offer in the form of strong empirical evidence.

The review focused on gathering empirical evidence to support the nine paths defined by the Network for Addiction Treatment Recovery. After reviewing the literature available on the NIATx website, we were able to determine several key words and terms that helped define our initial search. Using several different online databases and article indexes, we were able to gather a core group of literature which supported the Pathways to Recovery's claims. These articles' references were then reviewed for relevant literature. We were also able to determine which literature had cited our core group of articles. This literature was also reviewed for relevance. When relevant literature was not available we made recommendations for future research.

We used a broad search strategy, covering several separate electronic databases, including, Psycinfo, Pubmed and Proquest. Most of the

articles we were able to acquire online from The University of California Melvyl Catalog, which contains records for materials kept by the libraries of the nine University of California campuses, Hastings College of the Law, the California Academy of Sciences, the California Historical Society, the Center for Research Libraries, the Graduate Theological Union, and the Lawrence Berkeley National Laboratory. The database contains over 23,000,000 records. Also, seeking advice from experts in the field, the NIATx website and information received from Fran Cotter, M.A.,M.P.H., enhanced our search tremendously.

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## First Request for Service

In establishing its nine Paths to Recovery NIATx set the goal of bringing patients into treatment within 24 hours. It also established the goal of improving engagement (a key role in first contact). The issue of how to improve engagement is a Path unto itself and will thus receive limited attention here. Hence the focus of this review will be on the evidence supporting the need and methods for rapid access to treatment.

One of the project aims of the Network for the Improvement of Addiction Treatment is to increase the proportion of callers who enter treatment within 24 hours of first request.

The assumption is that when someone breaks through denial and reaches out for help, they have not experienced a permanent change in attitude. If not engaged almost immediately, they will soon return to old patterns and convince themselves that things are not as bad as they previously thought. In order to engage the largest amount of clients in substance abuse treatment, organizations should be able to schedule initial appointments within 24 hours of first contact. This accelerated intake will greatly increase the number of clients who show up for that initial appointment. For this study accelerated intake will be defined as having the ability to schedule an intake appointment within 24 hours of the clients' first contact with the organization.

There has been a fair amount of research into the effectiveness of accelerated intake in reducing

the number of no shows for their initial appointment. This research has shown that when one is able to schedule clients within 24 hours of their first contact, the likelihood that they will show up for the intake is increased greatly. In fact, research by Kirby et al (1997) shows that even a delay of one day increases the number of no shows as the percentage of clients attending the initial appointment at a cocaine outpatient treatment facility dropped from 83% to 57%.

This research expanded on the work of Festinger et al (1996) which studied same day intake compared to standard intake (1 to 7 day delay between first contact and appointment). Again, clients in the accelerated group had a higher percentage of attendance, 59% to 33%. The immediacy of the response for the accelerated group was seen as positive feedback for the client which likely increased motivational levels to attend the appointment.

Early research into the inverse effect of appointment delay and initial attendance has come to the same conclusion. The faster an organization can schedule an appointment, the better the chances of the client showing up. Woody et al (1975) examined an accelerated intake program instituted at an outpatient treatment facility at a VA hospital in Philadelphia. Intake procedures were modified so that the entire process (first contact, assessment and start of treatment) was completed in one day. 55% of patients initiated treatment under the accelerated intake program as opposed to 30% from the normal intake group.

Hyslop et al (1981) observed an increase in attendance rates from 53% to 70% when waiting times were reduced to under seven days at an outpatient alcohol referral clinic and Fleming et al (1987) reported an increase in initial appointment failure rates when waiting time increased to more than two weeks at an alcohol treatment facility.

Stark et al (1990) examined this relationship in an outpatient community drug treatment agency in Portland, OR and found similar results. Clients were given the opportunity to enter treatment "as soon as possible" or scheduled for an appointment an average of 9.7 days later. 55% kept the accelerated intake appointment while only 41% kept the standard intake appointment.

These studies were able to show that clients given the option of accelerated intake attend their initial appointment in higher percentages than clients using standard intake procedures.

Festinger et al (2002) attempted to determine the specific delay interval that creates the greatest rates of initial attendance. Clients at an outpatient cocaine addiction treatment facility were randomly assigned appointments within the same day, one day later, three days and seven days later. 72% of subjects scheduled one day later attended their appointment. This was greater than same day (55%), three days later (41%), or seven days later (38%). This study suggests that appointments scheduled 24 hrs from the first request for service are optimum.

Stasiewicz and Stalker (1999) performed a study to determine how accelerated intake compared to 2 other types of missed-appointment interventions. The research, conducted at an outpatient substance abuse clinic, assigned clients to one of 4 appointment groups: accelerated intake, appointment 5 days later with no reminder, appointment 5 days later with a mailed appointment card and appointment 5 days later with a reminder phone call. The study found that the only impact on attendance was accelerated intake. 71% of patients scheduled within 48 hours actually attended. For the rest of the groups attendance was approximately 50%.

All these studies indicate that there are steps that clinics can unilaterally take to increase the number of clients attending treatment after first contact. Accelerated intake has proven to be the one consistently successful missed appointment intervention in all these studies. It has even been shown that the optimal amount of treatment delay is specifically 24 hours or one day.

## Accelerated Intake's Impact on Overall Attrition Rates

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Many substance abuse therapists feel that patients need to prove their level of motivation to enter treatment by being put on wait lists. By having clients meet certain requirements while on these lists, providers feel they are able to weed out those who are not sufficiently motivated to enter treatment. The research on accelerated intake refutes this theory.

Accelerated intake does not negatively affect treatment attrition rates. Alterman et al (1994) found no difference in the attrition rates of patients entering their substance abuse facility through a special accelerated intake pilot program and those beginning treatment through normal intake procedures.

In a study examining retention rates at an intensive outpatient cocaine treatment facility, Gotthel et al (1999) found very little difference in retention rates between patients who attended their first treatment session, walk-ins and those needing extra outreach to bring them in after missing their initial intake appointment. The study looked at retention rates of patients who stayed in treatment less than 4 weeks, less than 8 weeks, less than 12 weeks and successfully completed the 12 week program. In all 4 areas there was very little difference in attrition between the groups.

Festinger et al (1996) suggests this implies that patients who normally wouldn't have entered treatment but for accelerated intake, do just as well as patients entering under normal circumstances. The goal is to engage a larger number of clients in treatment that would normally not have made it to the initial intake. But they make clear that a successful accelerated intake program should not be confused with treatment efficacy (Festinger et al 2002).

Addenbrooke & Rathod (1990) also found no difference between normal intake attrition rates and accelerated intake attrition rates.

They saw this as a negative as their initial assumption was that accelerated intake would help overall attrition rates. They concluded that waiting to get initial treatment is not necessarily a bad thing. Since the goal of accelerated intake is to expose a greater number of patients to treatment than through normal procedures, Addenbrooke's conclusions seem to be incorrect. Overall attrition rates are not affected negatively or positively by accelerated intake. So, we can conclude that through accelerated intake a larger number of people enter treatment and therefore a larger number of people successfully complete treatment.

In many ways the first request for service appears to be one of the most important of the nine paths set forth by NIATx. First request presents organizations with a great opportunity to engage and motivate clients while getting them enrolled in proper treatment. If done successfully, a positive first impression will have a greater chance of transferring over to the other paths. A major part of this success is based on accelerated intake. And the success of accelerated intake is based on many factors including the proper staffing of the facility to handle increased assessments, the standardization and reduction of paperwork and the engagement of the client to motivate them to further their treatment. All of these issues are important and will be addressed in later stages of this project.

## Evidence for Improving First Request for Service

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